Whiter the Paperwork Reduction Act of 1995, n	Approved for use through 07/31/2006. OMB 0651-0651 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number								
NOTICE OF APPEAL FROM THE EXAMINER TO THE BOARD OF PATENT APPEALS AND INTERFERENCES			1	Docket Number (Optional) 00630/100D532-US1					
	In re Application of Lisa A. Neuhold et al.								
	Application Num	nber /717,450	Filed November 20, 2000						
	For TRANSGENIC ANIMAL MODEL FOR DEGENERATIVE DISEASES OF CARTILAGE								
	Art Unit			Examiner					
		1632		M. C. Wilson					
Applicant hereby appeals to the Board of Patent Appeals and Interferences from the last decision of the examiner.									
The fee for this Notice of Appeal is (37 CFR 41.20(b)(1)) \$500.00									
Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is:									
x A check in the amount of the fee is enclosed.									
Payment by credit card. Form PTO-2038 is attached.									
The Director has already been authorized to charge fees in this application to a Deposit Account. I have enclosed a duplicate copy of this sheet.									
The Director is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account No. 04-0100 . I have enclosed a duplicate copy of this sheet.									
A petition for an extension of time under 37 CFR 1.136(a) (PTO/SB/22) is enclosed.									
I am the			1						
applicant /inventor.		<u>.</u>	1/2	Signature CHing					
assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)				eather Morehouse Ettinger, Ph.D.					
				Typed or printed name					
attorney or agent of record.									
Registration number	(212) 836-3744								
x attorney or agent acting under		54.050		Telephone number					
Registration number if acting ur	nder 37 CFR 1.34.	51,658		February 2, 2005 Date					
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.									
*Total of 1 forms	are submitted.								
		<u> </u>							

02/07/2005 HDEMESS1 00000040 09717450

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500.00 OP

PTO/SB/17 (12-04v2) Approved for use through 7/31/2006. OMB 0651-0032

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1 /	Complete if Known									
Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (h	Application Number		09/717,450							
FEE TRANSMITTAL	Filing Date		November 20, 2000							
•			Lisa A. Neuhold							
For FY 2005	Examiner Name N		M. C. Wilson							
Applicant claims small entity status. See 37 CFR 1.	Art Unit		1632							
TOTAL AMOUNT OF PAYMENT (\$) 500.00	Attorney Docket	No.	00630/100D532-US1							
METHOD OF PAYMENT (check all that apply)										
x Check Credit Card Money Order None Other (please identify):										
Donorit Assourt CA 0400										
Deposit Account Number: 04-0100 Deposit Account Name: Darby & Darby P.C. For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)										
Charge fee(s) indicated below Charge fee(s) indicated below Charge fee(s) indicated below										
That ge too (s) interests below the state of										
fee(s) under 37 CFR 1.16 and 1.17										
FEE CALCULATION										
1. BASIC FILING, SEARCH, AND EXAMINATION FE			=\/A.B.41	NATION EEEO						
FILING FEES Small Entity	SEA	ARCH FEES Small Entity	EXAM	INATION FEES Small Entity						
Application Type Fee (\$) Fee (\$)	Fee (\$		Fee (\$		<u>Fees</u>	Paid (\$)				
Utility 300 150	500	250	200	100						
Design 200 100	100	50	130	65						
Plant 200 100	300	150	160	80						
Reissue 300 150	500	250	600	300						
Provisional 200 100	0	0	0	0						
2. EXCESS CLAIM FEES						Small Entity				
Fee Description		Fee (\$)	Fee (\$)							
Each claim over 20 (including Reissues)		50	25							
Each independent claim over 3 (including Reissues)				200	100					
Multiple dependent claims					360	180				
Total Claims Extra Claims Fee (\$)	Paid (\$)	Multiple Dependent Claims								
x =	41 -42 = x = <u>Fee</u>				ee (\$) Fee Paid (\$)					
3 -6 = x = Fee (\$)	Fee F	Paid (\$)								
3 -6 =										
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50										
sheets or fraction thereof. See 35 U.S.C. 41(a)(1	,	-			_	- · · · · · ·				
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)										
- 100 = /50 (round up to a whole number) x =										
Non-English Specification, \$130 fee (no small entity discount)										
Other (e.g., late filing surcharge): 1401 Notice of appeal 500.00										
SUBMITTED BY										
Signature Health Morehouse	Ethn	Registration No.	51,658	3 Telephone	(212) 83	36-3744				
Name (Print/Type) Heather Morehouse Ettinger, Ph.D.					ate February 2, 2005					

Application No. (if known): 09/717,450

Attorney Docket No.: 00630/100D532-US1

Certificate of Express Mailing Under 37 CFR 1.10

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Notice of Appeal (1 page) Response to Final Official Action (20 pages) Amendment Transmittal (1 page) Fee Transmittal (1 page)

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